

1. MEDICARE SUPPLEMENTAL HEALTH INSURANCE (AS DEFINED UNDER § 1882(G)(1) OF THE SOCIAL SECURITY ACT);

2. COVERAGE SUPPLEMENTAL TO THE COVERAGE PROVIDED UNDER CHAPTER 55 OF TITLE 10, UNITED STATES CODE; AND

3. SIMILAR SUPPLEMENTAL COVERAGE PROVIDED TO COVERAGE UNDER AN EMPLOYER-SPONSORED PLAN.

(M) "HEALTH STATUS-RELATED FACTOR" MEANS A FACTOR RELATED TO:

- (1) HEALTH STATUS;
- (2) MEDICAL CONDITION;
- (3) CLAIMS EXPERIENCE;
- (4) RECEIPT OF HEALTH CARE;
- (5) MEDICAL HISTORY;
- (6) GENETIC INFORMATION;
- (7) EVIDENCE OF INSURABILITY INCLUDING CONDITIONS ARISING OUT OF ACTS OF DOMESTIC VIOLENCE; OR
- (8) DISABILITY.

(N) "HIGH LEVEL POLICY FORM" MEANS A POLICY OR PLAN UNDER WHICH THE ACTUARIAL VALUE OF THE BENEFIT UNDER THE COVERAGE IS:

- (1) AT LEAST 15% GREATER THAN THE ACTUARIAL VALUE OF THE LOW LEVEL POLICY FORM COVERAGE OFFERED BY THE CARRIER IN THIS STATE; AND
- (2) AT LEAST 100% BUT NOT GREATER THAN 120% OF THE WEIGHTED AVERAGE.

(O) (1) "INDIVIDUAL HEALTH BENEFIT PLAN" MEANS:

(+) (I) A HEALTH BENEFIT PLAN OTHER THAN A CONVERTED POLICY OR A PROFESSIONAL ASSOCIATION PLAN FOR ELIGIBLE INDIVIDUALS AND THEIR DEPENDENTS; AND

(-) (II) A CERTIFICATE ISSUED TO AN ELIGIBLE INDIVIDUAL THAT EVIDENCES COVERAGE UNDER A POLICY OR CONTRACT ISSUED TO A TRUST OR ASSOCIATION OR OTHER SIMILAR GROUP OF INDIVIDUALS, REGARDLESS OF THE SITUS OF DELIVERY OF THE POLICY OR CONTRACT, IF THE ELIGIBLE INDIVIDUAL PAYS THE PREMIUM AND IS NOT BEING COVERED UNDER THE POLICY OR CONTRACT UNDER EITHER FEDERAL OR STATE CONTINUATION OF BENEFITS PROVISIONS.

(2) "INDIVIDUAL HEALTH BENEFIT PLAN" DOES NOT INCLUDE SHORT-TERM LIMITED DURATION INSURANCE.